

**2012**  
**YOUTH & ADULT**  
**TOURNAMENT INSURANCE ENROLLMENT**  
**FORM**  
**1-800-447-6797**

TOURNAMENT NAME \_\_\_\_\_

TOURNAMENT DATES \_\_\_\_\_ TO \_\_\_\_\_

TOURNAMENT DIRECTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

**TYPE OF TOURNAMENT (CIRCLE ONE):**

<b>SOFTBALL</b>	<b>YOUTH</b>	<b>ADULT</b>
<b>BASEBALL</b>	<b>YOUTH</b>	<b>ADULT</b>
<b>BASKETBALL</b>	<b>YOUTH</b>	<b>N/A</b>

**COMPLETE ONLY IF FIELD OWNER REQUESTS ADDITIONAL INSURED STATUS**

NAME OF FIELD OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PREMIUM CALCULATION:**

# OF YOUTH TEAMS \_\_\_\_\_ X \$7 = \_\_\_\_\_ PLUS \$25 = \_\_\_\_\_

# OF ADULT TEAMS \_\_\_\_\_ X \$16 = \_\_\_\_\_ PLUS \$25 = \_\_\_\_\_

**MAKE CHECK PAYABLE TO: CHAPPELL INSURANCE AGENCY**  
**&**  
**MAIL TO: 25807-A COX ROAD, PETERSBURG, VA 23803**

**Certificates will be emailed. If email not available then faxed**

EMAIL ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

**ALL RATES INCLUDE AN ADMINISTRATION AND MEMBERSHIP FEE.**